



Jill Latham <jill@concordiagroupllc.com> on 09/08/2010 12:26:57 PM

To: <2022190174@fec.gov>
cc: Jill Latham <jill@concordiagroupllc.com>

Subject: AFF FEC FORM 9

Please find attached the American Future Fund FORM 9.

Please call 515-720-5250 with any questions.

Thanks,



Jill Latham FEC FORM 9 NY 13.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

American Future Fund

(b) Address (number and street) ☐ check if different than previously reported

4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines IA 50321

2. FEC Identification Number

030001028

(d) Name of Employer or Principal Place of Business

Sandy Greiner

(e) Occupation

Farmer

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 08 2010

through

09 14 2010

5. (a) Date of Public Distribution(s)

09 08 2010

(b) Communication Title

"NY Jobs"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. Custodian of Records

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines IA 50321

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

Farmer

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

47,176.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandy Greiner

SIGNATURE

Sandy Greiner

DATE

9-8-2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

11. Person(s) Sharing/Exercising Control

A.	(a) Name Sandy Greiner	(b) Address (number and street) 4225 Fleur Drive #142	(c) City, State and ZIP Code Des Moines IA 50321	(d) Name of Employer or Principal Place of Business self-employed	(e) Occupation farmer
B.	(a) Name Cord Overton	(b) Address (number and street) 4225 Fleur Drive #142	(c) City, State and ZIP Code Des Moines IA 50321	(d) Name of Employer or Principal Place of Business n/a	(e) Occupation student
C.	(a) Name Katherine Polking	(b) Address (number and street) 4225 Fleur Drive #142	(c) City, State and ZIP Code Des Moines IA 50321	(d) Name of Employer or Principal Place of Business n/a	(e) Occupation student
D.	(a) Name Barbara Smeltzer	(b) Address (number and street) 4225 Fleur Drive #142	(c) City, State and ZIP Code Des Moines IA 50321	(d) Name of Employer or Principal Place of Business University of Dubuque	(e) Occupation Student Advisor
E.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

<p>A. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> <p style="text-align: right;">0.00</p>	

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <u>Mentzer Media Services Inc</u> Mailing Address of Payee <u>1000 Fairmount Ave Ste 306</u> City <u>Towson</u> MD <u>21286</u> State <u>MD</u> Zip Code <u>21286</u> Name of Employer <u>Towson MD</u> Occupation <u>21286</u>		Date of Disbursement or Obligation <u>09/08/2010</u> Amount <u>34,676.00</u> Communication Date <u>09/08/2010</u>
Purpose of Disbursement (Including title(s) of communication(s)) <u>Media Placement & advertising tv advertisement: "NY Jobs"</u>		
Name of Federal Candidate <u>Michael Allegretti</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: <u>13</u>	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee <u>McCarthy Marcus Hennings Ltd</u> Mailing Address of Payee <u>1850 M St. NW, Ste 235</u> City <u>Washington</u> DC <u>20036</u> State <u>DC</u> Zip Code <u>20036</u> Name of Employer <u>Washington DC</u> Occupation <u>20036</u>		Date of Disbursement or Obligation <u>09/08/2010</u> Amount <u>12,500.00</u> Communication Date <u>09/08/2010</u>
Purpose of Disbursement (Including title(s) of communication(s)) <u>Media Production of tv advertisement: "NY Jobs"</u>		
Name of Federal Candidate <u>Michael Allegretti</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: <u>13</u>	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>47,176.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>47,176.00</u>

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <u>Email</u>	Date of Receipt or Postmarked <u>9/8/2010</u>

PREPARER
(3/2005)

DATE PREPARED